

**MEDICAL RECORD**

**HISTORY-Part 2**

PAST HISTORY

**INSTRUCTIONS** - Include (1) OCCUPATION (*Civilian and military*), (2) MILITARY HISTORY (*Include geographic locations and dates*), (3) HABITS (*Alcohol, tobacco, and drugs*), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
	LAST	FIRST	MI	
DEPARTMENT/SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID Number (SSN or other; sex; date of birth; rank/grade)</i>			REGISTER NO.	WARD NO.

**HISTORY - Parts 2 and 3**  
Medical Record

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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**HISTORY-Part 3**

**SYSTEM REVIEW**

**INSTRUCTIONS** - Include (1) GENERAL, (2) HEAD (*Including* (3) EYE, (4) EAR, (5) NOSE and (6) THROAT), (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY and (12) GYNECOLOGICAL, (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NERO-PSYCHIATRIC SYSTEMS.

SIGNATURE OF PHYSICIAN	DATE
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